
	<p>APPLICATION FOR REPLACEMENT OF CERTIFICATES, PERMITS, OR CARDS</p>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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BLOCK A - IDENTIFICATION OF APPLICANT

1. Name:	2. NMFS Person ID:
3. Business Mailing Address: <input type="checkbox"/> Permanent or <input type="checkbox"/> Temporary	4. Date of Birth or Date of Incorporation:
	5. Business Telephone Number:
	6. Business Fax Number:
	7. E-mail Address (if available):

BLOCK B – REPLACEMENT REQUEST (Check Only the Items That Apply)

Part I – BSAI Crab Permits and Scallop Permits

Crab QS Report: Units _____ Fishery _____
 Is this QS Report requested for a pending QS/IFQ transfer? Yes or No

Crab PQS Report: Units _____ Fishery _____
 Is this QS Report requested for a pending QS/IFQ transfer? Yes or No

Crab Annual IFQ Fishing Permit: Permit Number _____

Crab Annual IPQ Fishing Permit: Permit Number _____

Registered Crab Receiver: Permit Number _____

Crab Federal Vessel Permit: Permit Number _____ Vessel ADF&G Number: _____

Crab IFQ Hired Master Permit: _____ Skipper Name: _____
 Skipper NMFS ID Number: _____ *(Application to be completed and signed by permit holder)*

Crab QS or PQS Transfer Eligibility Certificate (TEC)

Crab License Limitation License (LLC): License Number _____

Scallop License Limitation License (SLLP): License Number _____

PART II – Pacific Halibut and Sablefish IFQ Program Permits

Halibut/Sablefish IFQ Fishing Permit: Permit Number _____

Halibut/Sablefish IFQ/CDQ Landing Card for individual permit holder:

Permit Number _____ Species _____

Halibut/Sablefish Transfer Eligibility Certificate (TEC): NMFS Person ID Number _____

Registered Buyer Permit: Permit Number _____

PART III – Federal Groundfish Permits

Federal Fisheries Permit (FFP): Permit Number _____

Federal Processor Permit (FPP): Permit Number _____

Vessel ADF&G Number (*if stationary floating processor*) _____

Groundfish License Limitation License (LLP): License Number _____

American Fisheries Act (AFA) Inshore Cooperative: Permit Number _____

American Fisheries Act (AFA) Catcher Vessel Permit: Permit Number _____

Vessel Name _____ USCG No. _____ ADF&G No. _____

American Fisheries Act (AFA) Catcher Processor Permit: Permit Number _____

Vessel Name _____ USCG No. _____ ADF&G No. _____

American Fisheries Act (AFA) Inshore Processor: Permit Number _____

American Fisheries Act (AFA) Mothership: Permit Number _____

Vessel Name _____ USCG No. _____ ADF&G No. _____

PART IV – Halibut Subsistence

Subsistence Halibut Registration Certificate (SHARC):

Tribal SHARC Number _____ *Or* Rural Resident SHARC Number _____

Subsistence Halibut Ceremonial Permit: Permit Number _____

BLOCK C - REASON FOR REPLACEMENT REQUEST

Lost Destroyed Stolen Other (*explain*) _____

BLOCK D – SIGNATURE OF APPLICANT

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Applicant or Authorized Agent:

2. Date:

3. Printed Name of Applicant or Authorized Agent (*Note: If this is completed by an agent, attach authorization*):

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.



INSTRUCTIONS
Application for Replacement of Certificates, Permits, or Cards

This application will be used to request a replacement for a certificate, permit, or card that was previously issued by NMFS and that subsequently was lost, destroyed, or stolen.

Please type or print legibly in ink and retain a copy of the completed application for your records.

When completed, mail application to:

NMFS Alaska Region
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, Alaska 99802-1668

or fax to:

Fax No.: (907) 586-7354

or deliver to:

709 West 9th Street, Room 713
Juneau, AK 99801

Allow at least 10 business days for your application to be processed.

Items will be sent by first-class mail, unless alternative mailing instructions are provided with RAM's receipt of the application *and* include a prepaid mailer with the appropriate postage or a corporate account number for express delivery.

If you have any questions about this application or need additional information, call RAM at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Provide the information requested below regarding the replacement of the item(s) requested.

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name: The full name of the applicant that is the holder of the permit, card, certificate, and/or license being replaced.
2. NMFS Person ID: The identification number assigned to the applicant by NMFS, RAM.
3. Tax ID No. (EIN or SSN): Enter social security number (SSN) if applicant is an individual. Enter employer identification number (EIN) if applicant is a corporation, partnership, association or other business entity.

*This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

4. Date of Birth or Date of Incorporation. Enter date of birth if applicant is an individual; enter date of incorporation if applicant is a corporation, partnership, association or other business entity.

5. Business Mailing Address: Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent. Check whether the address provided is a permanent or temporary address. If you check “Permanent Address,” we will update the official RAM database. If you choose “Temporary Address,” we will use it for this one application only and we will not change the RAM database.

6-7. Business Telephone and Fax Numbers: The business telephone and fax numbers including the area codes.

Note: It is important to provide a number where a message can be left to avoid delay in processing the application if any questions arise.

BLOCK B - REPLACEMENT REQUEST (Parts I through IV)

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

BLOCK C - REASON FOR REPLACEMENT REQUEST

Indicate the reason(s) for replacement of the items checked in Block B.

BLOCK D – SIGNATURE OF APPLICANT

Signature of Applicant or Authorized Agent: The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature.

Note: If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.

Printed Name of Applicant or Authorized Agent:

Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.